

THIS DOCUMENT SHALL BE SEALED UPON FILING WITH THE COURT

State of Minnesota

County _____

District Court

Judicial District: _____

Court File Number: _____

Case Type: Domestic Abuse

Petitioner

**Affidavit / Proof of Transfer
of Firearms**

and

Respondent

STATE OF MINNESOTA)
) SS
COUNTY OF _____)

I, _____, state the following:

On _____, the ☐ Respondent named above ☐ the following
(Date firearms were transferred/received)

law enforcement agency: _____,
(name of agency)

☐ permanently or ☐ temporarily transferred the firearms identified below to me (check one box below):

☐ a person who may lawfully receive firearms and does not live with the Respondent. I acknowledge that I may be held criminally and civilly responsible under Minn. Stat. § 624.7144 if the Respondent named above gains access to a transferred firearm while the firearm is in my custody.

☐ a law enforcement agent with the following agency _____.

☐ a federally licensed firearms dealer, FFL# _____.

THIS DOCUMENT SHALL BE SEALED UPON FILING WITH THE COURT

List the name, make, model and caliber of all firearms transferred in the table below:

Firearm Name / Make	Serial Number	Model / Caliber
1.		
2.		
3.		
4.		
5.		
6.		
7.		

If the Respondent transferred the firearms, the Respondent must file this Affidavit/Proof of Transfer with the court within two business days of the firearm transfer.

If a law enforcement agency transferred the firearms, the law enforcement agency transferring the firearms must file this Affidavit/Proof of Transfer with the court within two business days of the firearm transfer.

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116.

Dated: _____
Signature

Name _____

Agency or Business Name, if applicable: _____

Address _____

City/State/Zip _____

Telephone (_____) _____

E-mail address: _____